Revision: HCFA-PM-92-1 (MB)

FEBRUARY 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	Georgia	·
	COVERAGE A	AND CONDITIONS OF ELIC	GIBILITY
Citation(s)		Groups	Covered
			mber the Medically Moody

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47) and 1920 of the Act X 17. Pregnant women who are determined by a "qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.

TN No. 93-010
Supersedes Approval Date TN No. 92-12

Approval Date MAY 7 1933

Effective Date JAN 1 1993

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- October 1991

(MB)

Attachment 2.2-A Page 23a OMB No.:

State/Territory: <u>GEORGIA</u>

Citation(s)

## Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1906 of the Act

X 18. Individuals required to enroll in costeffective employer-based group health
plans remain eligible for a minimum
enrollment period of 3 months.

1902(a)(10)(F) and 1902(u)(1) of the Act 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditure for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 14 CG Supersedes TN No. WW Revision: HCFA-PM-91-4

AUGUST 1991

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OMB NO.: 0938-

GEORGIA

Agency\* Citation(s)

Groups Covered

C. Optional Coverage of the Medically Needy

¥ 42 CFR ≥5.301

This plan includes the medically needy.

No.

Yes. This plan covers:

IV-A

 Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the IV-A

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

IV-A 1902(a)(10) (C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

\* CITE IS 42 CFR 435.301

TN No. Supersedes Approval Date \_\_\_\_12-18-91 TN No. NEW

Effective Date 10-1-91

HCFA ID: 7983E

Revision: October 1991

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		State	e: <u>Georgia</u>
Agency*	Citation(	s)	Groups Covered
		c. o	ptional Coverage of Medically Needy (Continued)
IV-A	1902(e)(4) of the Act P.L. 101-508 (Section 4603)	4	Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to hav applied and been found eligible for Medicaid of the date of birth and remains eligible for one year so long as:
			a. For children born prior to January 1, 1991: the woman remains eligible and the child is a member of the woman's household.
			b. For children born on or after January 1, 1991: the woman remains eligible or would remain eligible if pregnant and the child is a member of the woman's household.
	42 CFR 435.308	5.	a. Financially eligible individuals who are not described in Section C.3. above and who are under the age of21201918 or under age 19 who are full-time
			students in a secondary school or in the equivalent level of vocational o technical training
			Xb. Reasonable classifications of financially eligible individuals under the ages of 21 20, 19 or 18 as specified below:
			X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are
			<pre>X (a) In foster homes (and are under the age of 18). X (b) In private institutions (and ar under the age of 18).</pre>
I No Supersec	des	oval Dat	te <u>12-18-</u> 91 Effective Date <u>10-1-91</u>

<b>(3)</b>	Revision: HCFA-PM-91-4 (BPD) AUGUST 1991	ATTACHMENT 2.2-A Page 25a OMB NO.: 0938-
	State:	GEORGIA OND NO.: 0938-
	Agency* Citation(s)	Groups Covered
	C. Optional Co	verage of Medically Needy (Continued)
•		<pre>(c) In addition to the group under b.(1)(a) and (b), individuals pla in foster homes or private institutions by private, nonprofit agencies (and are under the age of).</pre>
		) Individuals in adoptions subsidized full or part by a public agency (who under the age of <a href="18">18</a> ).
	(3	) Individuals in NFs (who are under the of). NF services are provide under this plan.
	(4	) In addition to the group under (b)(individuals in ICFs/MR (who are under age of).
	(5	Individuals receiving active treatment inpatients in psychiatric facilities programs (who are under the age of). Inpatient psychiatric service for individuals under age 21 are prounder this plan.
	(6	Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .
	TN No. 91-31 Supersedes Approval Date	12-18-91 Effective Date 10-
	Supersedes Approval Date TN NoNEW	HCFA ID: 7983E
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TN No. <u>91-31</u> Supersedes	Approval	Date	12-18-91	Effec	Effective Date		
IN No. NEW				HCFA	ID:	7983E	:

Revision: HCFA-PM-91-4 AUGUST 1991

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**GEORGIA** State:

Agency\* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 // 6. Caretaker relatives.

42 CFR 435.320 📈 7. Aged individuals. and 435.330

42 CFR 435.322 8. Blind individuals. and 435.330

9. Disabled individuals. 42 CFR 435.324 and 435.330

42 CFR 435.326 /\_/ 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

435.340 11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
- b. Were eligible as medically needy in December 1973 as blind or disabled; and
- c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

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State/Territory: <u>GEORGIA</u>

Citation(s)

Groups Covered

C. Optional Groups Other Than the Medically Needy (Continued)

1906 of the Act

12. Individuals required to enroll in costeffective employer-based group health
plans remain eligible for a minimum
enrollment period of 3 months.